

## TMS Order Specification Sheet

Customer: \_\_\_\_\_

Custom Printer Header:

Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_

 Line 1: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Site ID: 

--	--	--	--

 Unit ID: 

--	--

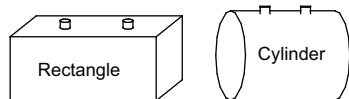
 Line 2: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

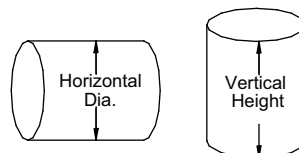
Tank No.	Tank Manufacturer	Tank Model	Tank Actual Capacity	Inside Diameter or Height	Tank Length	Tank Material	Tank Construction	Tank Shape *	Tank End Type	Tank Orientation **	Compartment Tank	Tank Contents	Tank Location	Riser Mounting ***	Sensor Model	Fault Detect	Appli-cation ****	Tank No.
	<input type="checkbox"/> F.C. <input type="checkbox"/> O.C. <input type="checkbox"/> Xerxes <input type="checkbox"/> Other _____					<input type="checkbox"/> Steel <input type="checkbox"/> Fiber-glass	<input type="checkbox"/> SWT <input type="checkbox"/> DWT	<input type="checkbox"/> Cyl-inder <input type="checkbox"/> Rect-angle	<input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Sphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Hor-izontal <input type="checkbox"/> Vertical	<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> Tank <input type="checkbox"/> Manway <input type="checkbox"/> None		<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> F.C. <input type="checkbox"/> O.C. <input type="checkbox"/> Xerxes <input type="checkbox"/> Other _____					<input type="checkbox"/> Steel <input type="checkbox"/> Fiber-glass	<input type="checkbox"/> SWT <input type="checkbox"/> DWT	<input type="checkbox"/> Cyl-inder <input type="checkbox"/> Rect-angle	<input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Sphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Hor-izontal <input type="checkbox"/> Vertical	<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> Tank <input type="checkbox"/> Manway <input type="checkbox"/> None		<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> F.C. <input type="checkbox"/> O.C. <input type="checkbox"/> Xerxes <input type="checkbox"/> Other _____					<input type="checkbox"/> Steel <input type="checkbox"/> Fiber-glass	<input type="checkbox"/> SWT <input type="checkbox"/> DWT	<input type="checkbox"/> Cyl-inder <input type="checkbox"/> Rect-angle	<input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Sphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Hor-izontal <input type="checkbox"/> Vertical	<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> Tank <input type="checkbox"/> Manway <input type="checkbox"/> None		<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> F.C. <input type="checkbox"/> O.C. <input type="checkbox"/> Xerxes <input type="checkbox"/> Other _____					<input type="checkbox"/> Steel <input type="checkbox"/> Fiber-glass	<input type="checkbox"/> SWT <input type="checkbox"/> DWT	<input type="checkbox"/> Cyl-inder <input type="checkbox"/> Rect-angle	<input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Sphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Hor-izontal <input type="checkbox"/> Vertical	<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> Tank <input type="checkbox"/> Manway <input type="checkbox"/> None		<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> F.C. <input type="checkbox"/> O.C. <input type="checkbox"/> Xerxes <input type="checkbox"/> Other _____					<input type="checkbox"/> Steel <input type="checkbox"/> Fiber-glass	<input type="checkbox"/> SWT <input type="checkbox"/> DWT	<input type="checkbox"/> Cyl-inder <input type="checkbox"/> Rect-angle	<input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Sphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Hor-izontal <input type="checkbox"/> Vertical	<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> Tank <input type="checkbox"/> Manway <input type="checkbox"/> None		<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> F.C. <input type="checkbox"/> O.C. <input type="checkbox"/> Xerxes <input type="checkbox"/> Other _____					<input type="checkbox"/> Steel <input type="checkbox"/> Fiber-glass	<input type="checkbox"/> SWT <input type="checkbox"/> DWT	<input type="checkbox"/> Cyl-inder <input type="checkbox"/> Rect-angle	<input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Sphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Hor-izontal <input type="checkbox"/> Vertical	<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> Tank <input type="checkbox"/> Manway <input type="checkbox"/> None		<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> F.C. <input type="checkbox"/> O.C. <input type="checkbox"/> Xerxes <input type="checkbox"/> Other _____					<input type="checkbox"/> Steel <input type="checkbox"/> Fiber-glass	<input type="checkbox"/> SWT <input type="checkbox"/> DWT	<input type="checkbox"/> Cyl-inder <input type="checkbox"/> Rect-angle	<input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Sphere <input type="checkbox"/> Other _____	<input type="checkbox"/> Hor-izontal <input type="checkbox"/> Vertical	<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> Tank <input type="checkbox"/> Manway <input type="checkbox"/> None		<input type="checkbox"/> Y <input type="checkbox"/> N		

NOTE: A Tank Calibration Chart must be provided for each tank. However, you may check with Pneumercator Co. to verify if we have your tank chart already on file.  
 For more than 6 tanks, please use additional sheets.

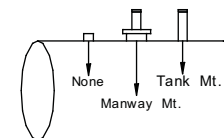
#### \* TANK SHAPE



#### \*\* TANK ORIENTATION



#### \*\*\* RISER MOUNTING



#### \*\*\*\* APPLICATION

- |                |                    |
|----------------|--------------------|
| 1- Sump        | 11- Oil            |
| 2- Piping      | 12- Vault          |
| 3- Containment | 13- High Reservoir |
| 4- Double Wall | 14- Low Reservoir  |
| 5- Dike        | 15- High           |
| 6- Leak        | 16- High High      |
| 7- Reservoir   | 17- Low            |
| 8- Well        | 18- Low Low        |
| 9- Generator   | 19- Turbine        |
| 10- Water      | 20- Dispensor Pan  |